

# CLAIMS ONLY

REPLY NO. **10714955**  
 APPLICANT(S)

FILED DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

  

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TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY